



USE THIS DECLARATION FORM TO DECLARE:

- ▶ Undergraduate Major/ Minor in CAS, CEAS, COB, SOJ, SOMAS
- ▶ Specializations
- ▶ Teacher Preparation (back of form)
- ▶ Accelerated Programs (back of form)
- ▶ Areas of Interest (back of form)

Submit to:
Registrar's Office
276 Administration

Departmental/Program
 Signatures Required
 for Declarations

STAMP DATE RECEIVED:

Student Name: Last, First (Please Print)	Student Signature (Required)	Stony Brook ID# <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail address	Daytime phone number	<i>Students should consult with academic department(s) or the Academic Advising Center for assistance in choosing a Major/Minor/Specialization.</i>

1. Students are responsible to monitor their major/minor/specialization. Failure to do so may impact a timely completion of the intended degree program. Students must declare a Major before registering for the first semester of the sophomore year if they have not already done so. New transfer students who matriculate as sophomores, juniors or seniors must declare a Major during their first semester.

2. The following Health Sciences Center majors may be declared with this form: BS Health Science (HAV), Clinical Laboratory Science (HAG) and Respiratory Care (HAI).
For HSC plans other than these, you must apply for admission through the HSC Office of Student Services

★ **Students receiving TAP must declare a Major other than an Area of Interest before the published semester deadline to avoid TAP decertification** ★

- **TO DECLARE, ADD OR CHANGE** a Major, Minor or Specialization, enter the letter-code for the desired Major, Minor or Specialization. **Valid Departmental Signatures are required in the Space Provided.** Refer to the Undergraduate Bulletin for specific Academic Policies and Regulations on Double Major and/or Minor plans.
- **A FIRST MAJOR CANNOT BE DROPPED WITHOUT DECLARING A NEW MAJOR.**

First Major <input type="text"/> <input type="text"/> <input type="text"/> CHE or PSY ONLY: BA or BS (Circle One) <i>If you already have first major declared, this will replace your current major.</i> HSC - Circle One: HAVBS (Health Science) HAGLDIV (Clinical Lab Sciences) HAILDIV (Respiratory Care) ATCBS (Athletic Training)	<input type="checkbox"/> DECLARE <input type="checkbox"/> DROP	Department or Program Signature Required for Declarations. No signature needed for Drops.	Date
Second Major. <input type="text"/> <input type="text"/> <input type="text"/> Current First Major: _____ (MUST HAVE A FIRST MAJOR DECLARED)	<input type="checkbox"/> DECLARE <input type="checkbox"/> DROP	Department or Program Signature Required for Declarations. No signature needed for Drops.	Date
First Minor <input type="text"/> <input type="text"/> <input type="text"/> Current First Major: _____ (MUST HAVE A FIRST MAJOR DECLARED)	<input type="checkbox"/> DECLARE <input type="checkbox"/> DROP	Department or Program Signature Required for Declarations. No signature needed for Drops.	Date
Second Minor <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> DECLARE <input type="checkbox"/> DROP	Department or Program Signature Required for Declarations. No signature needed for Drops.	Date
Third Minor <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> DECLARE <input type="checkbox"/> DROP	Department or Program Signature Required for Declarations. No signature needed for Drops.	Date
Specialization (WRITE OUT NAME OF SPECIALIZATION)	<input type="checkbox"/> DECLARE <input type="checkbox"/> DROP	Department or Program Signature Required for Declarations. No signature needed for Drops.	Date